

PFL Life Insurance Company

P.O. Box 982010, North Richland Hills, Texas 76182-8010 800-755-5874 customerservice@pflinsurance.com

December 21, 1998

BCN: 7732246121

Troy E Tillerson
 459 Silver Hill Rd
 Dadeville AL 36853

Reference #	Name	New Monthly Billing Amount
07-042246121	Troy E Tillerson	54.00
07-262246121	Troy E Tillerson	12.00
07-562246121	Troy E Tillerson	5.00
07-732246121	Troy E Tillerson	239.00
TOTAL		\$310.00

Dear Mr Tillerson,

Thank you for continuing to allow us to provide your health care coverage.

Without a doubt, all Americans have been affected by rising health care costs. Some of these rising costs can be seen in higher costs for in-hospital stays, increases in fees for outpatient services, the requirements for more testing and follow up doctors visits, higher costs for prescription medications, and so on. Even the cost of malpractice insurance contributes to the rising costs we all must pay for health care.

The technological advances made today by the medical industry, such as treatment for heart and liver transplants, are becoming more widely available and those services are costly. The cancer and AIDS treatments, research, and experimental procedures lead to increases in total charges for everyone. As you can see, the increases in medical care costs are the results of a combination of many different components, which are mentioned above.

Although no one likes rate increases, the insurance company must keep pace with these rising costs to be able to pay future claims. Everyone with coverage such as yours will experience an increase. Therefore, your premium will increase to \$310.00 on January 26, 1999.

You undoubtedly want to keep your health insurance rates as affordable as possible without sacrificing valuable coverage. To limit the amount of the increase or possibly even lower your premium amount, you may want to consider changing your benefit level.

The following will illustrate what your premium would be at the option(s) noted:

Benefit level:	Plan D	\$229.00	Total Billing Amount
Benefit level:	Plan F	\$202.00	Total Billing Amount

(Continued)

Exhibit D

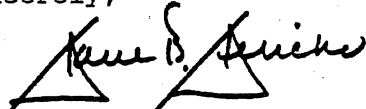
T1300038



35

Any of our Customer Service Representatives would be happy to discuss these options with you at your convenience, or you may prefer to return this letter with your request in the enclosed prepaid self-addressed envelope. Our service hours are Monday through Friday from 8:00 a.m. to 5:00 p.m. and our toll-free number is 1-800-755-5874 or fax 1-800-754-8089.

Sincerely,

A handwritten signature in dark ink, appearing to read "Jane B. Jericho", written over a horizontal line.

Jane B. Jericho
CUSTOMER SERVICE

Please change my option(s) to _____ Signed _____ Date _____
Reference # 07-732246121

T1300039



PFL Life Insurance Company

P.O. Box 982010, North Richland Hills, Texas 76182-8010 800-755-5874 customerservice@pflinsurance.com

June 21, 1999

BCN: 7732246121

Troy E Tillerson
459 Silver Hill Rd
Dadeville AL 36853

Reference #	Name
7042246121	Troy E Tillerson
7262246121	Troy E Tillerson
7562246121	Troy E Tillerson
7732246121	Troy E Tillerson

New Monthly Billing Amount

\$59.00	
\$12.00	
\$5.00	
193	\$299.00
TOTAL	\$375.00

Dear Mr Tillerson,

Thank you for continuing to allow us to provide your health care coverage.

Without a doubt, all Americans have been affected by rising health care costs. Some of these rising costs can be seen in higher costs for in-hospital stays, increases in fees for outpatient services, the requirements for more testing and follow up doctors visits, higher costs for prescription medications, and so on. Even the cost of malpractice insurance contributes to the rising costs we all must pay for health care.

The technological advances made today by the medical industry, such as treatment for heart and liver transplants, are becoming more widely available and those services are costly. The cancer and AIDS treatments, research, and experimental procedures lead to increases in total charges for everyone. As you can see, the increases in medical care costs are the results of a combination of many different components.

Although no one likes rate increases, the insurance company must keep pace with these rising costs to be able to pay future claims. Everyone with coverage such as yours will experience an increase. Therefore, your premium will increase to \$375.00 on July 26, 1999.

You undoubtedly want to keep your health insurance rates as affordable as possible without sacrificing valuable coverage. To limit the amount of the increase or possibly even lower your premium amount, you may want to consider changing your benefit level.

The following will illustrate what your premium would be at the options(s) noted:

Benefit Level:	Plan D
Benefit Level:	Plan F

302
\$269.00 Total Amount
\$235.00 Total Amount

500.00

1212.00

(Continued)

T1300041



37

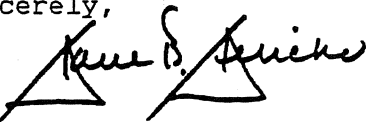
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210

Any of our Customer Service Representatives would be happy to discuss these options with you at your convenience, or you may prefer to return this letter with your request in the enclosed prepaid self-addressed envelope. Our service hours are Monday through Friday from 8:00 a.m. to 5:00 p.m. and our toll-free number is 1-800-755-5874 or fax 1-800-754-8089.

Sincerely,



Jane B. Jericho
Customer Service

Please change my option(s) to _____ Signed _____ Date _____
Reference # 7732246121



INSURANCE CENTER

CUSTOMER SERVICE DEPARTMENT

1-800-527-5504/Fax 1-800-728-8709
9151 Grapevine Highway
P.O. Box 982010
North Richland Hills, TX 76182-8010

CLAIMS DEPARTMENT

1-800-527-2845/Fax 1-817-255-8102
9151 Grapevine Highway
P.O. Box 982009
North Richland Hills, TX 76182-8009

June 28, 1999

Troy E Tillerson
459 Silver Hill Rd
Dadeville AL 36853

Re: Certificate No: 07 732246121 /04 /26 /56
Insured Member: Troy E Tillerson

Dear Mr. Tillerson:

As requested, we have changed your Preferred Provider Organization Plan to Plan D effective July 26, 1999. The enclosed document(s) reflect the change. Please keep them with your Certificate for future reference.

Due to this change, your total monthly premium is now \$269.00.

If we can be of further assistance, please do not hesitate to contact our Customer Service Department. Our toll free number is (800) 527-5504 Coverage Specialists are available to answer your questions from 8:00 A.M. to 5:00 P.M. in your time zone.

Sincerely,
PFL Life Insurance Company



Kristie Mehaffey
Customer Service Department
J263

T1300044



PFL Life Insurance Company

P.O. Box 982010, North Richland Hills, Texas 76182-8010 800-755-5874 customerservice@pflinsurance.com

December 20, 1999

BCN: 7732246121

Troy E Tillerson
 459 Silver Hill Rd
 Dadeville AL 36853

Reference #	Name	New Monthly Billing Amount
7042246121	Troy E Tillerson	\$62.00
7262246121	Troy E Tillerson	\$12.00
7562246121	Troy E Tillerson	\$5.00
7732246121	Troy E Tillerson	\$252.00
	TOTAL	\$331.00

Dear Mr Tillerson,

Thank you for continuing to allow us to provide your health care coverage.

Without a doubt, all Americans have been affected by rising health care costs. Some of these rising costs can be seen in higher costs for in-hospital stays, increases in fees for outpatient services, the requirements for more testing and follow up doctors visits, higher costs for prescription medications, and so on. Even the cost of malpractice insurance contributes to the rising costs we all must pay for health care.

The technological advances made today by the medical industry, such as treatment for heart and liver transplants, are becoming more widely available and those services are costly. The cancer and AIDS treatments, research, and experimental procedures lead to increases in total charges for everyone. As you can see, the increases in medical care costs are the results of a combination of many different components.

Although no one likes rate increases, the insurance company must keep pace with these rising costs to be able to pay future claims. Everyone with coverage such as yours will experience an increase. Therefore, your premium will increase to \$331.00 on January 26, 2000.

You undoubtedly want to keep your health insurance rates as affordable as possible without sacrificing valuable coverage. To limit the amount of the increase or possibly even lower your premium amount, you may want to consider changing your benefit level.

The following will illustrate what your premium would be at the options(s) noted:

Benefit Level:	Plan E	\$311.00 Total Amount
Benefit Level:	Plan F	\$292.00 Total Amount

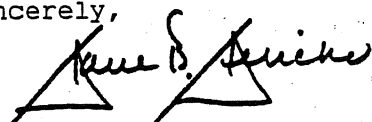
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T1300051



Any of our Customer Service Representatives would be happy to discuss these options with you at your convenience, or you may prefer to return this letter with your request in the enclosed prepaid self-addressed envelope. Our service hours are Monday through Friday from 8:00 a.m. to 5:00 p.m. and our toll-free number is 1-800-755-5874 or fax 1-800-754-8089.

Sincerely,

A handwritten signature in dark ink, appearing to read "Jane B. Jericho", written over a horizontal line.

Jane B. Jericho
Customer Service

Please change my option(s) to _____ Signed _____ Date _____
Reference # 7732246121

T1300052



PFL Life Insurance Company

P.O. Box 982010, North Richland Hills, Texas 76182-8010 800-755-5874 customerservice@pflinsurance.com

June 19, 2000

BCN: 7732246121

Troy E Tillerson
459 Silver Hill Rd
Dadeville AL 36853

Reference #	Name	New Monthly Billing Amount
7042246121	Troy E Tillerson	\$67.00
7262246121	Troy E Tillerson	\$12.00
7562246121	Troy E Tillerson	\$7.00
7732246121	Troy E Tillerson	\$267.00
		TOTAL \$353.00

Dear Mr Tillerson,

We thank you for your continued patronage by allowing us to provide your health care coverage. While we can understand everyone's concern at the rising cost of health care, please note that the premiums charged must be sufficient to support claims and administrative expenses.

According to our current records, your coverage is as follows:

<u>PLAN TYPE:</u>	<u>CURRENT RATE</u>	<u>NEW RATE</u>
Base Plan:	\$131.00	\$143.00
Life Rider:	\$12.00	\$12.00
RX Drug Benefit:	\$5.00	\$7.00
Dental Benefit:	\$62.00	\$67.00
Accident Rider:	\$12.00	\$12.00
Association Membership Dues:	\$6.00	\$6.00
Chemotherapy Benefit Rider:	\$15.00	\$15.00
Outpatient Testing Rider:	\$88.00	\$91.00

Your New Billing Amount will be increasing to \$353.00 on July 26, 2000. This amount includes the total for all certificates listed above and the association dues.

We understand how important it is to keep insurance rates as affordable as possible without sacrificing coverage. If you are interested in limiting the amount of the increase or possibly lowering your premium amount, you may want to consider changing your benefit level. Several of our riders also have deductible options available which could lower your premium. The following is an example of what your premium would be at the benefit level listed:

Benefit Level:	Plan E	\$332.00 Total Amount
Benefit Level:	Plan F	\$310.00 Total Amount

(Continued)

T1300056



Other options to lower your premium may be available to you. Our Customer Service Representatives will be happy to review all available options with you at your convenience, or you may prefer to return this letter with your request in the enclosed pre-paid self-addressed envelope. Our Customer Service Representatives are available Monday through Friday from 8:00am to 5:00 pm and our toll-free number is 1-800-527-5504. You may also reach us via FAX: 1-800-343-3702 or e-mail.

Sincerely,

Richard A. Villari

Richard A. Villari
Customer Service

Please change my option(s) to _____
REFERENCE # 7732246121 NAME Troy E Tillerson

Signed _____ Date _____



PFL Life Insurance Company

P.O. Box 982010, North Richland Hills, Texas 76182-8010 800-755-5874 customerservice@pflinsurance.com

December 26, 2000

BCN: 7732246121

Troy E Tillerson
 459 Silver Hill Rd
 Dadeville AL 36853

Reference #	Name	New Monthly Billing Amount
7042246121	Troy E Tillerson	\$72.00
7262246121	Troy E Tillerson	\$12.00
7562246121	Troy E Tillerson	\$7.00
7732246121	Troy E Tillerson	\$276.00
	TOTAL	\$367.00

Dear Mr Tillerson,

Thank you for continuing to allow us to provide your health care coverage.

Without a doubt, all Americans have been affected by rising health care costs. Some of these rising costs can be seen in higher costs for in-hospital stays, increases in fees for outpatient services, the requirements for more testing and follow up doctors visits, higher costs for prescription medications, and so on. Even the cost of malpractice insurance contributes to the rising costs we all must pay for health care.

The technological advances made today by the medical industry, such as treatment for heart and liver transplants, are becoming more widely available and those services are costly. The cancer and AIDS treatments, research, and experimental procedures lead to increases in total charges for everyone. As you can see, the increases in medical care costs are the results of a combination of many different components.

Although no one likes rate increases, the insurance company must keep pace with these rising costs to be able to pay future claims. Everyone with coverage such as yours will experience an increase. Therefore, your premium will increase to \$367.00 on January 26, 2001.

You undoubtedly want to keep your health insurance rates as affordable as possible without sacrificing valuable coverage. To limit the amount of the increase or possibly even lower your premium amount, you may want to consider changing your benefit level.

The following will illustrate what your premium would be at the options(s) noted:

Benefit Level:	Plan E	\$344.00 Total Amount
Benefit Level:	Plan F	\$321.00 Total Amount

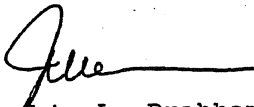
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T1300059



Any of our Customer Service Representatives would be happy to discuss these options with you at your convenience, or you may prefer to return this letter with your request in the enclosed prepaid self-addressed envelope. Our service hours are Monday through Friday from 8:00 a.m. to 5:00 p.m. and our toll-free number is 1-800-755-5874 or fax 1-800-754-8089.

Sincerely,



Jackie L. Brabham
Customer Service

Please change my option(s) to _____ Signed _____ Date _____
Reference # 7732246121



PFL Life Insurance Company

P.O. Box 982010, North Richland Hills, Texas 76182-8010 800-755-5874 customerservice@pflinsurance.com

June 25, 2001

BCN: 7732246121

Troy E Tillerson
 459 Silver Hill Rd
 Dadeville AL 36853

Reference #	Name	New Monthly Billing Amount
7042246121	Troy E Tillerson	\$72.00
7262246121	Troy E Tillerson	\$12.00
7562246121	Troy E Tillerson	\$7.00
7732246121	Troy E Tillerson	\$287.00
	TOTAL	\$378.00

Dear Mr Tillerson,

Thank you for continuing to allow us to provide your health care coverage.

Without a doubt, all Americans have been affected by rising health care costs. Some of these rising costs can be seen in higher costs for in-hospital stays, increases in fees for outpatient services, the requirements for more testing and follow up doctors visits, higher costs for prescription medications, and so on. Even the cost of malpractice insurance contributes to the rising costs we all must pay for health care.

The technological advances made today by the medical industry, such as treatment for heart and liver transplants, are becoming more widely available and those services are costly. The cancer and AIDS treatments, research, and experimental procedures lead to increases in total charges for everyone. As you can see, the increases in medical care costs are the results of a combination of many different components.

Although no one likes rate increases, the insurance company must keep pace with these rising costs to be able to pay future claims. Everyone with coverage such as yours will experience an increase. Therefore, your premium will increase to \$378.00 on July 26, 2001.

You undoubtedly want to keep your health insurance rates as affordable as possible without sacrificing valuable coverage. To limit the amount of the increase or possibly even lower your premium amount, you may want to consider changing your benefit level.

The following will illustrate what your premium would be at the options(s) noted:

Benefit Level:	Plan E	\$354.00 Total Amount
Benefit Level:	Plan F	\$330.00 Total Amount

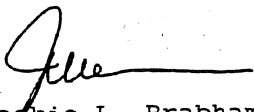
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T1300065



Any of our Customer Service Representatives would be happy to discuss these options with you at your convenience, or you may prefer to return this letter with your request in the enclosed prepaid self-addressed envelope. Our service hours are Monday through Friday from 8:00 a.m. to 5:00 p.m. and our toll-free number is 1-800-755-5874.

Sincerely,



Jackie L. Brabham, Vice President
Customer Care Service Center

Please change my option(s) to _____ Signed _____ Date _____
Reference # 7732246121

7

T1300066



The MEGA Life and Health Insurance Company

P.O. Box 982010, North Richland Hills, Texas 76182-8010 800-755-5874 customerservice@megainsurance.com

December 24, 2001

BCN: 7732246121

TROY E TILLERSON
459 SILVER HILL RD
DADEVILLE AL 36853

Reference #	Name	New Monthly Billing Amount
9042246121	TROY E TILLERSON	\$72.00
9262246121	TROY E TILLERSON	\$12.00
9562246121	TROY E TILLERSON	\$8.00
9732246121	TROY E TILLERSON	\$317.00
	TOTAL	<u>\$409.00</u>

Dear Mr Tillerson,

Thank you for continuing to allow us to provide your health care coverage.

Without a doubt, all Americans have been affected by rising health care costs. Some of these rising costs can be seen in higher costs for in-hospital stays, increases in fees for outpatient services, the requirements for more testing and follow up doctors visits, higher costs for prescription medications, and so on. Even the cost of malpractice insurance contributes to the rising costs we all must pay for health care.

The technological advances made today by the medical industry, such as treatment for heart and liver transplants, are becoming more widely available and those services are costly. The cancer and AIDS treatments, research, and experimental procedures lead to increases in total charges for everyone. As you can see, the increases in medical care costs are the results of a combination of many different components.

Although no one likes rate increases, the insurance company must keep pace with these rising costs to be able to pay future claims. Everyone with coverage such as yours will experience an increase. Therefore, your premium will increase to \$409.00 on January 26, 2002.

You undoubtedly want to keep your health insurance rates as affordable as possible without sacrificing valuable coverage. To limit the amount of the increase or possibly even lower your premium amount, you may want to consider changing your benefit level. Any change in your benefit level may effect your out of pocket maximums.

The following will illustrate what your premium would be at the options(s) noted:

Benefit Level:	Plan E	\$380.00 Total Amount
Benefit Level:	Plan F	\$352.00 Total Amount

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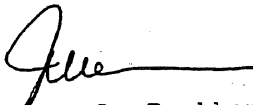
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Any of our Customer Care Representatives would be happy to discuss these options with you at your convenience, or you may prefer to return this letter with your request in the enclosed prepaid self-addressed envelope. Our service hours are Monday through Friday from 8:00 a.m. to 5:00 p.m. and our toll-free number is 1-800-755-5874.

Sincerely,



Jackie L. Brabham, Vice President
Customer Care Service Center

Please change my option(s) to _____ Signed _____ Date _____
Reference # 9732246121

T1300070



The MEGA Life and Health Insurance Company

P.O. Box 982010, North Richland Hills, Texas 76182-8010 800-755-5874 customerservice@megainsurance.com

June 24, 2002

BCN: 7732246121

Fee Schedule

TROY E TILLERSON
459 SILVER HILL RD
DADEVILLE AL 36853

Reference #	Name	New Monthly Billing Amount
9042246121	TROY E TILLERSON	\$72.00
9262246121	TROY E TILLERSON	\$12.00
9562246121	TROY E TILLERSON	\$12.00
9732246121	TROY E TILLERSON	\$362.00
	TOTAL	\$458.00

Dear Mr Tillerson,

Thank you for continuing to allow us to provide your health care coverage.

Without a doubt, all Americans have been affected by rising health care costs. Some of these rising costs can be seen in higher costs for in-hospital stays, increases in fees for outpatient services, the requirements for more testing and follow up doctors visits, higher costs for prescription medications, and so on. Even the cost of malpractice insurance contributes to the rising costs we all must pay for health care.

The technological advances made today by the medical industry, such as treatment for heart and liver transplants, are becoming more widely available and those services are costly. The cancer and AIDS treatments, research, and experimental procedures lead to increases in total charges for everyone. As you can see, the increases in medical care costs are the results of a combination of many different components.

Although no one likes rate increases, the insurance company must keep pace with these rising costs to be able to pay future claims. Everyone with coverage such as yours will experience an increase. Therefore, your premium will increase to \$458.00 on July 26, 2002.

You undoubtedly want to keep your health insurance rates as affordable as possible without sacrificing valuable coverage. To limit the amount of the increase or possibly even lower your premium amount, you may want to consider changing your benefit level. Any change in your benefit level may effect your out of pocket maximums.

The following will illustrate what your premium would be at the options(s) noted:

Benefit Level:	Plan E	\$424.00 Total Amount
Benefit Level:	Plan F	\$390.00 Total Amount

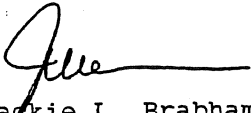
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T1300075



Any of our Customer Care Representatives would be happy to discuss these options with you at your convenience, or you may prefer to return this letter with your request in the enclosed prepaid self-addressed envelope. Our service hours are Monday through Friday from 8:00 a.m. to 5:00 p.m. and our toll-free number is 1-800-755-5874.

Sincerely,



Jackie L. Brabham, Vice President
Customer Care Service Center

Please change my option(s) to _____ Signed _____ Date _____
Reference # 9732246121

T1300076



The MEGA Life and Health Insurance Company

P.O. Box 982010, North Richland Hills, Texas 76182-8010 800-527-5504 customerservice@megainsurance.com

December 26, 2002

BCN: 7732246121

TROY E TILLERSON
459 SILVER HILL RD
DADEVILLE AL 36853

Reference #	Name	New Monthly Billing Amount
09042246121	TROY E TILLERSON	\$72.00
09262246121	TROY E TILLERSON	\$12.00
09562246121	TROY E TILLERSON	\$13.00
09732246121	TROY E TILLERSON	\$383.00
	TOTAL	\$480.00

Dear Mr Tillerson,

Thank you for continuing to allow us to provide your health care coverage.

Without a doubt, all Americans have been affected by rising health care costs. Some of these rising costs can be seen in higher costs for in-hospital stays, increases in fees for outpatient services, the requirements for more testing and follow up doctors visits, higher costs for prescription medications, and so on. Even the cost of malpractice insurance contributes to the rising costs we all must pay for health care.

The technological advances made today by the medical industry, such as treatment for heart and liver transplants, are becoming more widely available and those services are costly. The cancer and AIDS treatments, research, and experimental procedures lead to increases in total charges for everyone. As you can see, the increases in medical care costs are the results of a combination of many different components.

Although no one likes rate increases, the insurance company must keep pace with these rising costs to be able to pay future claims. Everyone with coverage such as yours will experience an increase. Therefore, your premium will increase to \$480.00 on January 26, 2003.

You undoubtedly want to keep your health insurance rates as affordable as possible without sacrificing valuable coverage. To limit the amount of the increase or possibly even lower your premium amount, you may want to consider changing your benefit level. Any change in your benefit level may effect your out of pocket maximums.

The following will illustrate what your premium would be at the options(s) noted:

Benefit Level:	Plan E	\$445.00 Total Amount
Benefit Level:	Plan F	\$408.00 Total Amount

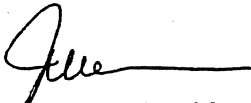
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T1300078



Any of our Customer Care Associates would be happy to discuss these options with you at your convenience. Our service hours are Monday through Friday from 8:00 a.m. to 5:00 p.m. and our toll free number is 800-527-5504.

Sincerely,



Jackie L. Brabham, Vice President
Customer Care Service Center

Please change my option(s) to _____ Signed _____ Date _____
Reference # 09732246121



The MEGA Life and Health Insurance Company

P.O. Box 982010, North Richland Hills, Texas 76182-8010 800-527-5504 customerservice@megainsurance.com

June 26, 2003

BCN: 7732246121

TROY E TILLERSON
459 SILVER HILL RD
DADEVILLE AL 36853

Reference #	Name	New Monthly Billing Amount
09732246121	TROY E TILLERSON	\$531.00

Dear Mr Tillerson,

Thank you for continuing to allow us to provide your health care coverage.

Without a doubt, all Americans have been affected by rising health care costs. Some of these rising costs can be seen in higher costs for in-hospital stays, increases in fees for outpatient services, the requirements for more testing and follow up doctors visits, higher costs for prescription medications, and so on. Even the cost of malpractice insurance contributes to the rising costs we all must pay for health care.

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Although no one likes rate increases, the insurance company must keep pace with these rising costs to be able to pay future claims. Everyone with coverage such as yours will experience an increase. Therefore, your billing amount will increase to \$531.00 on July 26, 2003.

You undoubtedly want to keep your health insurance rates as affordable as possible without sacrificing valuable coverage. To limit the amount of the increase or possibly even lower your billing amount, you may want to consider changing your benefit level. Any change in your benefit level may effect your out of pocket maximums.

The following will illustrate what your billing would be at the options(s) noted:

Benefit Level:	Plan E	\$494.00 Total Amount
Benefit Level:	Plan F	\$456.00 Total Amount

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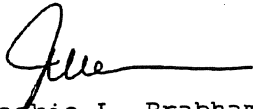
T1300087



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Any of our Customer Care Associates would be happy to discuss these options with you at your convenience. Our service hours are Monday through Friday from 8:00 a.m. to 5:00 p.m. and our toll free number is listed above.

Sincerely,



Jackie L. Brabham, Vice President
Customer Care Service Center

Please change my option(s) to _____ Signed _____ Date _____
Reference # 09732246121



The MEGA Life and Health Insurance Company

P.O. Box 982010, North Richland Hills, Texas 76182-8010 800-527-5504

December 26, 2003

BCN: 7732246121

TROY E TILLERSON
459 SILVER HILL RD
DADEVILLE AL 36853

Reference #	Name	New Monthly Billing Amount
09732246121	TROY E TILLERSON	* \$628.00

Dear Mr Tillerson,

Thank you for continuing to allow us to provide your health care coverage.

Without a doubt, all Americans have been affected by rising health care costs. Some of these rising costs can be seen in higher costs for in-hospital stays, increases in fees for outpatient services, the requirements for more testing and follow up doctor visits, higher costs for prescription medications, and so on. Even the cost of malpractice insurance contributes to the rising costs we all must pay for health care.

Technological advances made today by the medical industry, such as treatment for heart and liver transplants, are becoming more widely available and those services are costly. Cancer and AIDS treatments, research, and experimental procedures lead to increases in total charges for everyone. As you can see, the increases in medical care costs are the result of a combination of many different components.

Although no one likes rate increases, the insurance company must keep pace with these rising costs to be able to pay future claims. Everyone with coverage such as yours will experience an increase. Therefore, your billing amount will increase to \$628.00 on January 26, 2004.

You undoubtedly want to keep your health insurance rates as affordable as possible without sacrificing valuable coverage. To limit the amount of the increase or possibly even lower your billing amount, you may want to consider changing your benefit level. Any change in your benefit level may effect your out of pocket maximums.

The following will illustrate what your billing would be at the options(s) noted:

Benefit Level:	Plan E	\$579.00 Total Amount
Benefit Level:	Plan F	\$529.00 Total Amount

(Continued)

TI300094



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Any of our Customer Care Associates would be happy to discuss these options with you at your convenience. Our service hours are Monday through Friday from 8:00 a.m. to 5:00 p.m. and our toll free number is listed above.

Sincerely,

Customer Care Service Center

Please change my option(s) to _____ Signed _____ Date _____
Reference # 09732246121

* Please note that this billing amount may not include critical care and/or life insurance coverage in a family member's name.



The MEGA Life and Health Insurance Company

P.O. Box 982010, North Richland Hills, Texas 76182-8010 800-527-5504

June 26, 2004

BCN: 7732246121

TROY E TILLERSON
459 SILVER HILL RD
DADEVILLE AL 36853

Reference #	Name	New Monthly Billing Amount
09732246121	TROY E TILLERSON	* \$753.00

Dear Mr Tillerson,

Thank you for continuing to allow us to provide your health care coverage.

Without a doubt, all Americans have been affected by rising health care costs. Some of these rising costs can be seen in higher costs for in-hospital stays, increases in fees for outpatient services, the requirements for more testing and follow up doctor visits, higher costs for prescription medications, and so on. Even the cost of malpractice insurance contributes to the rising costs we all must pay for health care.

Technological advances made today by the medical industry, such as treatment for heart and liver transplants, are becoming more widely available and those services are costly. Cancer and AIDS treatments, research, and experimental procedures lead to increases in total charges for everyone. As you can see, the increases in medical care costs are the result of a combination of many different components.

Although no one likes rate increases, the insurance company must keep pace with these rising costs to be able to pay future claims. Everyone with coverage such as yours will experience an increase. Therefore, your billing amount will increase to \$753.00 on July 26, 2004.

You undoubtedly want to keep your health insurance rates as affordable as possible without sacrificing valuable coverage. To limit the amount of the increase or possibly even lower your billing amount, you may want to consider changing your benefit level. Any change in your benefit level may effect your out of pocket maximums.

The following will illustrate what your billing would be at the options(s) noted:

Benefit Level:	Plan E	\$695.00 Total Amount
Benefit Level:	Plan F	\$636.00 Total Amount

(Continued)

T1300096



87

Any of our Customer Care Associates would be happy to discuss these options with you at your convenience. Our service hours are Monday through Friday from 8:00 a.m. to 5:00 p.m. and our toll free number is listed above.

Sincerely,

Customer Care Service Center

Please change my option(s) to _____ Signed _____ Date _____
Reference # 09732246121

* Please note that this billing amount may not include critical care and/or life insurance coverage in a family member's name.

T1300097



The MEGA Life and Health Insurance Company

P.O. Box 982010, North Richland Hills, Texas 76182-8010 800-527-5504

December 26, 2004

BCN: 7732246121

TROY E TILLERSON
459 SILVER HILL RD
DADEVILLE AL 36853

Reference #	Name	New Monthly Billing Amount
09732246121	TROY E TILLERSON	* \$869.00

Dear Mr Tillerson,

Thank you for continuing to allow us to provide your health care coverage.

Without a doubt, all Americans have been affected by rising health care costs. Some of these rising costs can be seen in higher costs for in-hospital stays, increases in fees for outpatient services, the requirements for more testing and follow up doctor visits, higher costs for prescription medications, and so on. Even the cost of malpractice insurance contributes to the rising costs we all must pay for health care.

Technological advances made today by the medical industry, such as treatment for heart and liver transplants, are becoming more widely available and those services are costly. Cancer and AIDS treatments, research, and experimental procedures lead to increases in total charges for everyone. As you can see, the increases in medical care costs are the result of a combination of many different components.

Although no one likes rate increases, the insurance company must keep pace with these rising costs to be able to pay future claims. Everyone with coverage such as yours will experience an increase. Therefore, your billing amount will increase to \$869.00 on January 26, 2005.

You undoubtedly want to keep your health insurance rates as affordable as possible without sacrificing valuable coverage. To limit the amount of the increase or possibly even lower your billing amount, you may want to consider changing your benefit level. Any change in your benefit level may effect your out of pocket maximums.

The following will illustrate what your billing would be at the options(s) noted:

Benefit Level:	Plan E	\$801.00 Total Amount
Benefit Level:	Plan F	\$732.00 Total Amount

(Continued)

T1300102



85

Any of our Customer Care Associates would be happy to discuss these options with you at your convenience. Our service hours are Monday through Friday from 8:00 a.m. to 5:00 p.m. and our toll free number is listed above.

Sincerely,

Customer Care Service Center

Please change my option(s) to _____ Signed _____ Date _____
Reference # 09732246121

* Please note that this billing amount may not include other coverages in a family member's name.





The Customer Care Center
9151 Grapevine Highway
P.O. Box 982010
North Richland Hills, TX 76182-8010

June 21, 2005

TROY E TILLERSON
459 SILVER HILL RD
DADEVILLE AL 36853

Insured: Troy E Tillerson

Reference No: 09732246121

BCN: 7732246121

Effective Date: 07/26/2005

New Monthly Billing Amount: \$999.00 *

Dear Mr. Tillerson:

Thank you for continuing to allow us to provide your health coverage.

Without a doubt, all Americans have been affected by rising health care costs. There are a number of reasons health care costs increase. Doctors are raising fees for outpatient services because patients tend to be highly reimbursed for them. The higher reimbursement was intended to encourage the use of outpatient services which are generally less expensive than hospital care. Expensive medical services such as heart and liver transplants are becoming more widely available. "Experimental procedures", although not covered by insurance, lead to increases in total charges for everyone. There are a number of states with mandated benefits that require insurers to either cover a specific disease, or make coverage available to people who otherwise would have difficulty finding protection. Progress in medicine generally enhances care and is of great value to the public, but tends to cost more.

Although no one likes rate increases, the insurance company must keep pace with these rising costs to be able to pay future claims. Everyone with coverage such as yours will experience an increase. Therefore, your billing amount will increase to \$999.00 on 07/26/2005.

You undoubtedly want to keep your health plan rates as affordable as possible without sacrificing valuable coverage. To limit the amount of the increase or possibly even lower your billing amount, you may want to consider your out of pocket maximums.

The following will illustrate what your billing would be at the option(s) noted. If you would like to make a change, please check your option selection below, then sign, date and return a copy of this form to us. For your convenience you may fax this form to us at 1-800-343-3702.

Benefit Level: Plan E	Total Amount:	\$918.00	<input type="checkbox"/>
Benefit Level: Plan F	Total Amount:	\$836.00	<input type="checkbox"/>

Signed: _____ Date: _____



T1300111



Continued

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If you would like to explore options which could lower your premium, please call one of our Customer Care Associates or visit our website at www.megainsurance.com. Our service hours are Monday through Friday from 8:00 a.m. to 5:00 p.m. and our toll free number is 1-800-527-5504.

We appreciate the opportunity to serve you.

The Customer Care Center
RERATE

* Please note that the billing amount may not include other coverage in a family member's name.

Paid \$5,178.00 -
Claims \$1,426.45 -
\$498.44





The Customer Care Center
9151 Grapevine Highway
P.O. Box 982010
North Richland Hills, TX 76182-8010

December 21, 2005

TROY E TILLERSON
459 SILVER HILL RD
DADEVILLE AL 36853

Insured: Troy E Tillerson

Reference No: 09732246121

BCN: 7732246121

Effective Date: 01/26/2006

New Monthly Billing Amount: \$1,124.00 *

Dear Mr. Tillerson:

Thank you for continuing to allow us to provide your health coverage.

Without a doubt, all Americans have been affected by rising health care costs. There are a number of reasons health care costs increase. Doctors are raising fees for outpatient services because patients tend to be highly reimbursed for them. The higher reimbursement was intended to encourage the use of outpatient services which are generally less expensive than hospital care. Expensive medical services such as heart and liver transplants are becoming more widely available. "Experimental procedures", although not covered by insurance, lead to increases in total charges for everyone. There are a number of states with mandated benefits that require insurers to either cover a specific disease, or make coverage available to people who otherwise would have difficulty finding protection. Progress in medicine generally enhances care and is of great value to the public, but tends to cost more.

Although no one likes rate increases, the insurance company must keep pace with these rising costs to be able to pay future claims. **Everyone with coverage such as yours will experience an increase.** Therefore, your billing amount will increase to \$1,124.00 on 01/26/2006.

You undoubtedly want to keep your health plan rates as affordable as possible without sacrificing valuable coverage. ~~To limit the amount of the increase or possibly even lower your billing amount,~~ you may want to consider your out of pocket maximums.

The following will illustrate what your billing would be at the option(s) noted. If you would like to make a change, please check your option selection below, then sign, date and return a copy of this form to us. For your convenience you may fax this form to us at 1-800-343-3702.

Benefit Level: Plan E	Total Amount:	\$1,033.00	<input type="checkbox"/>
Benefit Level: Plan F	Total Amount:	\$942.00	<input type="checkbox"/>

Signed: _____ Date: _____

Continued

